FORM D

NITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

, <u></u>	
OMB Number:	3235-0076
Expires March	31, 2009
Estimated average	burden
hours per response	e: 16.00

SEC USE ONLY

DATE RECEIVED

Prefix

Serial

OMB APPROVAL

09030033	
Name of Offering (☐ check if this is an amendment and name has changed, and indicate change.) Emerging Markets Equity Managers: Portfolio 1 LLC: Limited Liability Company Units	
	Section 4(6) SEC Wait Processing
Type of Filing: ☐ New Filing ☑ Amendment	- Soption
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	MAR 1 2 2000
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	ाया हिस्सा
Emerging Markets Equity Managers: Portfolio 1 LLC	Washington, DC
Address of Executive Offices (Number and Street, City, State Zip Code) One New York Plaza, New York, New York 10004	Telephone Number (including Ama Code) (212) 902-1000
Address of Principal Business Operations (Number and Street, City, State and Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	PDACESSED
Brief Description of Business	I NO OLUGLIO
To operate as a private investment fund.	MAR 2 7 2009
Type of Business Organization □ corporation □ business trust □ limited partnership, already formed □ limited partnership, to be formed	other (pleas HOMSON REUTERS Limited Liability Company
Actual or Estimated Date of Incorporation or Organization: Month Year	✓ Actual ☐ Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbrevia State: CN for Canada; FN for other foreign jurisdiction of Incorporation or Organization:	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA									
2. Enter the information requested for the following:									
* Each promoter of the issuer, if the issuer has been organized within the past five years;									
* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities									
 of the issuer; * Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and 									
* Each general and managing partner of partnership issuers.									
Check Box(cs) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☑ General and/or Managing Partner									
Full Name (Last name first, if individual)									
Goldman Sachs Asset Management, L.P. (the Issuer's Managing Member)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
One New York Plaza, New York, New York 10004									
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner									
Full Name (Last name first, if individual)									
Contemporary Partners									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o William Stinehart, Gibson Dunn & Crutcher, 2029 Century Blvd., Los Angeles, CA 90067-3027									
Check Box(cs) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner									
Full Name (Last name first, if individual)									
Newtop Partners									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o William Stinehart Jr., 2029 Century Pk E, Ste. 4000, Los Angeles, CA 90067-3027									
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner									
Full Name (Last name first, if individual)									
Chandis Securities, a CA G.P.									
Business or Residence Address (Number and Street, City, State, Zip Code)									
350 W. Colorado Blvd., Ste. 230, Pasadena, CA 91105-1855									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer* Director General and/or * of the Issuer's Managing Member Managing Partner									
Full Name (Last name first, if individual)									
Barbetta, Jennifer									
Business or Residence Address (Number and Street, City, State, Zip Code)									
One New York Plaza, New York, New York 10004									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer* Director General and/or * of the Issuer's Managing Member Managing Partner									
Full Name (Last name first, if individual)									
Clark, Kent									
Business or Residence Address (Number and Street, City, State, Zip Code)									
One New York Plaza, New York, New York 10004									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer* To Director General and/or * of the Issuer's Managing Member Managing Partner									
Full Name (Last name first, if individual)									

Gottlieb, Jason

Business or Residence Address (Number and Street, City, State, Zip Code)

One New York Plaza, New York, New York 10004

				B. IN	FORMAT	ION ABO	UT OFF	ERING				
											Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									☑			
Answer also in Appendix, Column 2, if filing under ULOE.												
2. What is the minimum investment that will be accepted from any individual?								\$	*			
*The Issuer's Manager may in its sole discretion accept subscription amounts in whatever amount it determines is acceptable.							rmines is					
											Yes	No
	the offering										Ø	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full Name	e (Last name	e first, if inc	lividual)					**	-			
Goldman	, Sachs & C	Co.*										
	h the securi r in any jur		sold throu	gh Goldma	n, Sachs &	Co., no co	mmissions	will be paid	l, directly o	or indirectly	, for solicit	ting any
Business	or Residence	e Address (1	Number and	Street, Cit	y, State, Zip	Code)						
85 Broad	Street, Nev	v York, Ne	w York 10	004								
	Associated F									·		
	Which Perso 'All States"										🗹 А	ll States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	(KY)	[LA]	[ME]	[MD]	[MA]	[M1]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[YY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	e (Last name	tirst, if ind	ividual)									
Business of	or Residence	e Address (1	Number and	Street, City	y, State, Zip	Code)						
Name of A	Associated E	Broker or Do	ealer									
	Which Perso 'All States"										🗆 Al	l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	e (Last name	first, if ind	ividual)									
Business of	or Residence	Address (ì	Number and	Street, City	y, State, Zip	Code)						
None	Nannaistad E	Ingleson on D			 	 -						
iname of F	Associated E	HOKEF OF DE	aier									
	Which Perso All States" (***************************************					All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[HO]	[OK]	[OR]	[PA]
(RI)	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	(VA)	[WA]	[WV]	[WI]	[WY]	[PR]

[TN] [TX] [UT] [VT] [VA] [WA] [WV] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security		Aggregate Offering Price	Amount Already Sold
	Debt	\$	0	\$ 0
	Equity	s –	0	\$ 0
	☐ Common ☐ Preferred	_		· · · · · · · · · · · · · · · · · · ·
	Convertible Securities (including warrants)	\$_	0	\$ 0
	Partnership Interests	\$_	0	\$ 0
	Other (Specify): Limited Liability Company Units	\$_	247,031,377	\$ 247,031,377
	Total			\$ 247,031,377
	Answer also in Appendix, Column 3, if filing under ULOE.	_		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
			Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		158	\$ 247,031,377
	Non-accredited Investors		0	\$ 0
	Total (for filings under Rule 504 only)		N/A	\$ N/A
	Answer also in Appendix, Column 4, if filing under ULOE.	_		· · · · ·
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		T of	Dollar Amount
	Type of offering		Type of Security	Sold
	Rule 505		N/A	\$ N/A
	Regulation A	-	N/A	\$ N/A
	Rule 504	_	N/A	\$ N/A
	Total	_	N/A	\$ N/A
tl tl	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.	_		
	Transfer Agent's Fees			\$ 0
	Printing and Engraving Costs		0	\$ 0
	Legal Fees		Ø	\$ 61,216
	Accounting Fees			\$ 0
	Engineering Fees			\$ 0
	Sales Commissions (specify finders' fees separately)			\$ 0
	Other Expenses (identify)			\$ 0
	Total		Ø	\$ 61,216

C OFFERING BRICE	O BILINA!	DED OF BUJECTORS EVI	DENIC	TEC	AND LICE OF D	PACE	FDS				
b. Enter the difference between the agg - Question 1 and total expenses furnish difference is the "adjusted gross proceed	gregate off hed in res	sponse to Part C - Question 4.a.	Part (a. Thi	C nis	AND USE OF FE	ROCE!		246,970,161			
5. Indicate below the amount of the adjust to be used for each of the purposes show furnish an estimate and check the box payments listed must equal the adjusted to Part C - Question 4.b. above.	wn. If the x to the le	e amount for any purpose is not ke left of the estimate. The total	known of th	n, he		- <u>-</u>		,			
					Payments to Officers, Directors, & Affiliates			Payments To Others			
Salaries and Fees	,			\$_	0		\$_	0			
Purchase of real estate	•••••	······		\$	0		\$_	0			
Purchase, rental or leasing and installation	on of mac ^t	hinery and equipment		\$_	0		\$_	0			
Construction or leasing of plant building	gs and faci	ilities		\$ <u>_</u>	0		\$ <u>_</u>	0			
Acquisition of other businesses (includithis offering that may be used in excanother issuer pursuant to a merger)	hange for	r the assets or securities of		\$_	0		\$_	0			
Repayment of indebtedness				\$	0	- 0	\$	0			
Working capital				\$ _ \$	0		s —	0			
Other (Specify): Limited Liability Con				\$ <u> </u>	0	- <u>-</u>	` — \$	246,970,161			
Column Totals				\$_ \$	0	- <u>2</u>	* —	246,970,161			
Total Payments Listed (column totals added)								246,970,161			
		D. FEDERAL SIGNATUR	λE					·			
The issuer has duly caused this notice to following signature constitutes an undertak of its staff, the information furnished by the	cing by the	e issuer to furnish to the U.S. Se	ecuriti	ies an	nd Exchange Comm	nission,	upon				
Signature Emerging Markets Equity Managers: Portfolio 1 LLC					Date March <u>[2</u> , 2009						
Name of Signer (Print or Type) Caroline Kraus		Title of Signer (Print or Type)		*4000	-i Mombor						
Caroline Kraus Assistant Secretary of the Issuer's Managing Member											

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

END SEC 1972 (2-97)